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TERMINAL DISCLAIMER TO ACCOMPANY PETITION

Docket Number (Optional)

18563-002800US - AT00085

In re Application of: Loc X. Phan

Application Number: 09/641,208

Filed: August 18, 2000

For: Methods and Systems for Lubricating Dental Appliances

The owner* Align Technology, Inc. of one hundred percent (100%) interest in the above-identified application hereby disclaims a terminal part of the term of any patent granted the above-identified application equivalent to: (1) if the above-identified application is a design application, the period of abandonment of the above-identified application, and (2) if the above-identified application is a utility or plant application, the lesser of: (a) the period of abandonment of the application; or (b) the period extending beyond twenty years from the date on which the above-identified application was filed in the United States or, if the application contains a specific reference to an earlier filed application(s) under 35 U.S.C. 120, 121, or 365(c), from the date on which the earliest such application was filed. This disclaimer also applies to any patent granted on a utility or plant application filed before June 8, 1995, or a design application, that contains a specific reference under 35 U.S.C. 120, 121, or 365(c) to the above-identified application. This disclaimer is binding upon the grantee, and its successors or assigns.

Check either box 1 or 2 below, if appropriate.

1. For submissions on behalf of an organization (e.g. corporation, partnership, university, government agency, etc.), the person signing is empowered to act on behalf of the organization.
2. The undersigned is an attorney of record.

June 21, 2002

Signature

Date

James M. Heslin

Typed or printed name

 Terminal disclaimer fee under 37 CFR 1.20(d) included.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

* Certification under 37 CFR 3.73(b) is required if terminal disclaimer is signed by the assignee (owner). Form PTO/SB/96 may be used for making this certification. See MPEP § 324.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PA 3229475 v1

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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c) or (j))	38-20* =	18	x \$18=	\$324
	INDEPENDENT CLAIMS 37 CFR 1.16(b) or (l))	5-3** =	2	x \$84=	\$168
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))			x =	
				BASIC FEE (37 CFR 1.16)	\$740
				Total of above Calculations =	\$1,232.00
	Reduction by 50% for filing by small entity (Note 37 CFR 1.27).				
	* Reissue claims in excess of 20 and over original patent.			TOTAL =	\$1,232.00
	** Reissue independent claims over original patent.				

6. Small entity status: Applicant claims small entity status. See 37 CFR 1.27.

7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 20-1430:

- Fees required under 37 CFR 1.16.
- Fees required under 37 CFR 1.17.
- Fees required under 37 CFR 1.18.

8. A check in the amount of \$ _____ is enclosed.

9. Payment by credit card. Form PTO-2038 is attached.

10. Applicant requests suspension of action under 37 CFR 1.103(b) for a period of _____ months (not to exceed 3 months) and the fee under 37 CFR 1.17(l) enclosed.

11. New Attorney Docket Number, if desired
[Prior application Attorney Docket Number will carryover to this CPA unless a new Attorney Docket Number has been provided herein.]

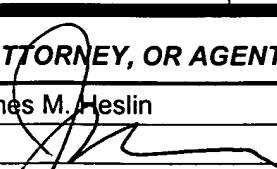
12. a. Receipt For Facsimile Transmitted CPA (PTO/SB/29A)
b. Return Receipt Postcard (Should be specifically itemized, See MPEP 503)

13. Other:

NOTE: *The prior application's correspondence address will carry over to this CPA
UNLESS a new correspondence address is provided below.*

14. NEW CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		Customer No. 20350 <i>(Insert Customer No. or Attach bar code label here)</i>			<input type="checkbox"/> or <input type="checkbox"/> New correspondence address below
Name					
Address					
City		State		Zip Code	
Country		Telephone		Fax	

15. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print /Type)	James M. Heslin
Signature	
Registration No. (Attorney/Agent)	29,541
Date	June 21, 2002

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